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## EDITORIAL COMMENT

### RED CROSS NURSING SURVEY

We understand that the Red Cross Nursing Survey which was begun just before the armistice was signed, is not going forward as successfully as is desired. Perhaps now that the war is practically over, nurses feel that this survey is no longer necessary.

There is no question but that the lack of an accurate knowledge of the nursing resources of the country proved a handicap in providing nursing care for the Army as well as for the civilian population during the war. The purpose of the Red Cross in wishing to complete the census is that we may begin the period of reconstruction with a definite knowledge of what the country can afford, before making new plans for the development of the nursing service of the future.

Owing to the several attempts during the war to get this information, it seems to be difficult to arouse an interest in the Red Cross census at this time. The Governor's census taken during the early summer of 1917, requiring the registration of every one between the ages of 19 and 50, this of course including nurses, proved to be unsatisfactory, partly because the returns were so late in being classified and tabulated for use.

The survey made by the American Nurses' Association was disappointing when completed, partly because there was no compulsion back of it. It took a census of registered nurses, regular graduate nurses unregistered, and pupil nurses. While these figures were of great assistance during the war, they did not show the full nursing resources of the country as the Red Cross is endeavoring to obtain them now.

Every nurse who receives a Red Cross questionnaire should fill it out and return it immediately, and she should interest herself to know that isolated nurses in her community, both trained and untrained, have received and returned these blanks also. We want to make it quite clear to them that in filling out this questionnaire they are not pledging themselves to service of any kind, they are simply

allowing themselves to be counted with all of the other women of the country who are in any way caring for the sick.

Those having charge of providing nurses for military service during the war were, as a matter of fact, kept in a state of constant anxiety for fear there would not be enough nurses to meet the calls of the Surgeon General's office. There was not a time, however, when there were not from 500 to 1500 nurses waiting at a port of embarkation, held up by the lack of transportation facilities. Fighting men, food and equipment had to be gotten over, of course, before the nurses. When the armistice was signed, the application papers of 600 nurses were in the Surgeon General's office waiting for assignment, so we were really, at the end, ahead of the game, but it would have been a great relief to the whole military establishment if it could have been known at the beginning of the war just what the nursing resources of the country were: how many nurses were really eligible for active military service and how many, both trained and untrained, could be safely depended upon for the care of the civilian population.

In making the survey now, the Red Cross is trying to give the whole country the benefit of its war experience by providing at the beginning of this reconstruction period, accurate knowledge of its entire nursing resources.

#### THE EIGHT-HOUR DAY

One of the most interesting discussions at the New York State meeting, held in this city early in December, was on the eight-hour day for nurses in training. The fact that nurses as a class have died in such large numbers during the recent influenza epidemic would seem to indicate that the character of the work makes the women of our profession more susceptible to certain forms of disease than other workers. The question naturally arises: Is this due to the long hours to which nurses are subjected both in hospitals and in private duty?

In the work of the private duty nurse, the twenty-four-hour day is giving way to some extent to the twelve-hour day. The regulation of the hours of the private duty nurse is outside the province of the laws governing nursing education, but it is within the province of those laws to provide a shorter working day for the pupil in training. It is during this period that the health of the young nurse is frequently undermined. The twelve-hour day, with sometimes unattractive food, and the nervous strain of the institutional life into which she is plunged and which, at the best, takes a number of years to become accustomed to, seem to make nurses more susceptible when exposed to unusual conditions such as we have recently been passing through.

A hospital superintendent with long years of experience said to

us the other day: "How can one be interested in professional matters and keep cheerful as the days go by when patients are dying of influenza in my hospital in such unusual numbers?" and she showed in her face the terrible strain under which she was living.

The fact that the Army School has been organized on the eight-hour plan, the working day of all government employees, indicates the attitude of the government in this matter. Aside from the physical need for this, which the whole nursing profession has recognized, though it has never been able to bring about the change, the better qualified of the applicants for training will, naturally, turn away from the twelve-hour day school and enter the Army School, in which conditions are more attractive.

We used to think it required three separate shifts to establish an eight-hour day in a hospital, but Miss Gilman in her paper appearing in this issue of the JOURNAL shows how the plan can be worked out with a smaller number.

At the New York meeting, a resolution was adopted referring the question of an eight-hour day to the State Board of Education, for under this department the nurse training schools of the state are registered and controlled.

We believe that all state associations and state boards of nurse examiners should take up this matter of the eight-hour day for pupils, immediately, and make it a country-wide movement as one of the conservation measures of the reconstruction period.

How to obtain a shorter working day for hospital officials, by which we mean superintendents, head nurses, night supervisors, dietitians, and all other permanent employees, as well as for nurses in private duty, is a question that requires study. If the labor leaders carry out their plan for an eight-hour day, international in scope, for all workers, it would seem that the working day for this class of workers could be regulated. It would, however, be more dignified if we could work it out for ourselves on a strictly professional basis.

Those schools that have for years been organized on the eight-hour basis could help at this time by sending their working schedule for publication in this magazine. We should need to know the number of pupils in the school and the additional number required by the eight-hour plan.

#### STATE LICENSING FOR ALL NURSES

Another matter about which we have all been concerned for many years but which has been allowed to drift for lack of public support, is that of making all the laws for the registering or licensing of nurses compulsory. Thirteen states are already in this class: Vir-

ginia, Colorado, Texas, Oklahoma, Wyoming, Indiana, Iowa, Montana, Kansas, Arkansas, Delaware, Utah and Maryland, and the remaining thirty-two comprising all the states which include the great nursing centers are still working with permissive laws.

Every person who is in any way caring for the sick for money, whether a graduate nurse, a practical nurse, or a nurses' aid, should be brought into line through some form of state licensing. The word "nurse" has lost much of its meaning for the mass of the people, and the war—and more particularly the epidemic—has broken down more than ever the distinguishing lines between the trained and the untrained nurse. We believe that all, no matter what the degree of their training, should be licensed, and we know of no better way than that already in operation in the state of Virginia where both the trained and the untrained women are registered or licensed by the State Board of Nurse Examiners.

What the qualifications for state licensing shall be and where this class of workers, to be known as attendants or hospital assistants, is to receive special preparation for this work, are questions still unsolved. The facilities throughout the country for such training are at the present time inadequate. The first step would of course be a broad waiver which would give recognition to all practical nurses who are depending upon practical nursing as a means of earning their livelihood.

If such a law had been in operation at the beginning of the war and every woman doing nursing, trained or untrained, had been properly licensed, there would have been no need of surveys, there would have been no doubt in the minds of the Red Cross and of the military establishment as to whether the nursing resources were sufficient to meet the needs of the war. We knew exactly how many doctors there were, because they are licensed. Compulsory state licensing of all classes of nurses would give us the same data in regard to nurses.

#### FURTHER OBLIGATIONS

There are other problems to which our attention has been called from time to time which will need to be taken up seriously again, to bring our affairs to a satisfactory condition. We must provide adequate nursing care for our great middle class which shall be within their means, and introduce nursing for the sick in the alms houses; and for the sick in prison. Wherever there are sick people, there should be properly trained nursing supervision and care. Our experience is teaching us that while we may share the responsibility with lay people, the initiative must come from within the profession.

## AN IMPORTANT CONFERENCE

The Committee on Nursing of the Council of National Defense is closing its work on January 1st. In order that the experience gained during its work on the student drive may not be lost to the hospitals of the country, a conference was called in Chicago, on December 19th, of representatives of state boards of examiners and of state associations, pending legislation in a number of states making it necessary to have coöperative action over the country.

## REORGANIZATION

The reorganization of the nursing associations of the country, beginning with the American Nurses' Association and going down through state and district to the alumnae associations, has been steadily progressing in spite of the hampering conditions of war. In a few places, the workers who understood what was meant and who started the work, are away and things are at a standstill until their return, but in general, the change has gone on, slowly but satisfactorily. New York State, at its postponed meeting, voted to adopt the district plan recommended, on the basis of individual membership, and comes into line with the rest who have done this.

Do we realize that when the reorganization is perfected, the whole country will be on an individual basis, so far as membership and representation in national affairs are concerned? The states will pay on a per capita basis, according to their active membership; the delegates to the biennial conventions will be allowed at the rate of one to every fifty members, the meetings being, as now, open to all. The duplication in membership and the paying of dues in many directions will be eliminated. The nurse who lives where she had her training, will, by the simple act of joining her alumnae association, become at once a member, also, of district, state, and national. The nurse who lives in some city distant from her school will join the district association of her place of residence and through that will be a member of state and national,—retaining only a friendly, non-active connection with her own alumnae association and paying to it smaller dues, since it cannot give her state and national privileges.

Those workers on by-laws, either district or alumnae, who are in need of guidance, will be glad to know that new copies of suggested forms have been ordered and they can be supplied either by the chairman of the Revision Committee or by the secretary of the American Nurses' Association.

We are hoping, also, that when the Army and Navy Nurse reports published in our Nursing News are reduced by the cessation of

hostilities, we may give space to some of these forms for by-laws for the benefit of the many nurses who wish to use them.

#### THE FEDERAL SUFFRAGE AMENDMENT

Those of our readers who approve of the Federal Suffrage Bill will be interested to know that only one more vote is necessary in the Senate to carry this to a successful issue. Many obstacles are being placed in the way of its coming to a vote this session, and the time for active work is limited.

We heard the statement made by one of the National Committee that President Wilson's eloquent address before the Senate on September 30th in favor of this measure has not yet won a single vote for the cause. This gives some idea of the strength of the opposition.

#### MISS DELANO GOES TO FRANCE

Red Cross workers everywhere will welcome the announcement which reaches us just as our pages are closing that Miss Delano left Washington on the eleventh of December to sail for France as soon as transportation could be arranged. Miss Delano has been at her post in Washington ever since war broke out in 1914. That the nursing service was ready when the United States entered the war in April, 1917, was due very largely to her vision and effort. While she has had a large group of our most able women associated with her in her office and as Division Directors throughout the country, no one appreciates, better than they, that much of the success of the entire military nursing service has been due to her personal initiative and supervision.

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#### THE INDEX

The index for Volume XVIII may be had on request from the JOURNAL office.